



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants: Daniel J. Smith and Martin A. Taubman

Serial No.: 09/290,049

Group Art Unit: 1645

Filed: April 12, 1999

Examiner: Lee, L.

For: SYNTHETIC PEPTIDE VACCINES FOR DENTAL CARIES

RECEIVED
JUN 21 2001
TECH CENTER 1600/2900
16
J. Moody
6/21/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on June 14, 2001 Stephanie L. Carta
Date Signature

Stephanie L. Carta

Typed or printed name of person signing certificate

Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

Applicants hereby appeal to the Board of Appeals from the decision dated December 14, 2000 of the Primary Examiner finally rejecting claims 1-11 and 15-17. The items checked below are appropriate:

1. ☒ Applicants hereby petition to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated December 14, 2000 for three-months from March 14, 2001 to June 14, 2001.
2. ☐ A month extension of time to respond to the Office Action Made Final dated was filed on with payment of a \$ fee.
☐ Applicant hereby petitions for an additional month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

06/19/2001 BNGUYEN1 00000079 09290049

01 FC:119
02 FC:117

310.00 OP
890.00 OP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/> Extension of Time for three- months	\$ 890
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([] mo.)	\$ _____
Less fee paid ([] mo.)	- \$ _____
Balance of fee due	\$ 0
<input type="checkbox"/> Oral Hearing	\$ _____
<input checked="" type="checkbox"/> Notice of Appeal	\$ 310
<input type="checkbox"/> Other _____	\$ _____
TOTAL \$ 1200	

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1,200.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Pamela A. Torpey
Pamela A. Torpey
Registration No.: 45,736
Tel.: (781) 861-6240
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: June 14, 2001